



Youth Mentoring Application Form

Contact information

Full name: _____

Age: _____ Date of birth: _____

Ethnicity: _____

Nationality: _____

First Language: _____

Address: _____

School Name: _____ School Year: _____

Parent/Guardian's full name: _____

Parent/Guardian's phone number: _____

Is my parent/guardian happy for me to get enrolled in Baytree's mentoring programme? Yes ___ I don't know ___

Do you need any specific support to access Baytree?
(physical or learning support)

Availability

During which hours are you available to meet your mentor? Please tick!

Monday 4pm-5pm ___ 5pm - 6pm ___

Tuesday 4pm-5pm ___ 5pm - 6pm ___

Wednesday 4pm - 5pm ___ 5pm - 6pm ___

Thursday 4pm - 5pm ___ 5pm - 6pm ___

Saturday 10.30am - 11.30am ___ 11.30am - 12.30pm ___



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What support would you like to receive from your mentor? What would you like your mentor to work on in your sessions?

What would you like to do in the future?

What languages do you speak?

What are you good at? What are your hobbies and interests?

Are you able to commit to one hour of mentoring per week, term time for an academic year? Yes: ____ No: ____

Please write a few sentences about yourself and what kind of mentor you would like: